



Rehabilitation Research and Training Center on Aging with a Disability

PREVENTIVE HEALTH SCREENING

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WHAT IS PREVENTIVE HEALTH SCREENING?

Routine preventive health screenings include three areas:

- (1) Tests and Screenings
- (2) Shots (Immunizations)
- (3) Health risks and healthy lifestyle counseling about:
 - importance of regular exercise,
 - diet and eating habits,
 - smoking,
 - drug / alcohol use, and
 - birth control, sexually transmitted diseases.

These are all screenings that can be done during a physical exam given by your primary care doctor. This is the doctor you usually go to for check ups, or who you see first when you are sick or need advice about your health.

No single screening schedule is right for everyone. Be sure to take into account your risk factors (for example, if you have a spinal cord injury (SCI), you may have greater risk for urinary tract infections, high cholesterol or diabetes). Then work with your doctor to plan for a schedule that is right for you.

HOW DO YOU INCREASE YOUR ODDS FOR A HEALTHY LIFE?

There is no guarantee of how long you will live. There are steps you can take to increase your odds. Checkups and tests help find conditions early, when they are easier to treat. For example, Heart disease is the common killer in this country. Many of those who die of heart attacks will be under age 55. For many the first sign of heart disease is death. It is important to know what your risk factors are and to get routine screenings such as blood pressure and cholesterol checks.

Getting the right shots can also protect you from various diseases. Finding health problems early and making changes in your health habits may save or lengthen your life! Knowing the facts can improve your chances of getting good care.

WON'T YOUR DOCTOR TAKE CARE OF YOUR ROUTINE SCREENINGS?

Some compare today's physical exam to a pit stop: check cholesterol, check blood pressure and done! It is back to the races. Do not assume that your doctor will take care of all your routine screenings. You should actively ask for what you think should be done. Some people fear bad news and avoid preventive care visits. This is not a good idea. In fact, the good news is that most conditions can be successfully treated when detected early. There is a common tendency to avoid routine screenings. This avoidance can have a negative impact on your health. Avoid avoidance!

Take advantage of your physical exam time to talk with your doctor about your health and about your life. This helps you build a partnership and a good working relationship with a doctor in case something is found. Educate your doctor about your disability.

If your doctor or nurse does not talk about issues that are important to you (such as diet, birth control, smoking, drug use, heavy alcohol use, unprotected sex, sexually transmitted diseases, etc.) bring the issues up yourself. Explain that these issues are as important to you as they are to other people. You should ask questions and expect answers. If you don't get them, it is OK to ask again.

DO YOU NEED TO BE CONCERNED ABOUT ROUTINE SCREENINGS, SINCE YOU ALREADY HAVE A DISABILITY?

Magical thinking that people with disabilities do not have to worry about aging or conditions caused by environmental hazards or risky health habits, (smoking, alcohol use, diet, etc.) is not helpful. A disability will not protect you from cancer, diabetes, high blood pressure or high cholesterol. People with disabilities have to be concerned about the same health risks as everyone else. In addition, people with disabilities also need to be aware of specific risks that may be associated with their disability.

Health Care Screening Recommendations (adapted from Capoor and Stein: Phys Med Rehabil Clin N Am. 2005 Feb;16(1):129-61)

Frequency	Recommendation
Daily	Self-Skin Checks (if sensation impaired)
Monthly	<ol style="list-style-type: none">1. Women: Breast Self-Examination2. Men: Testicular Self-Examination
Yearly	<ol style="list-style-type: none">1. Check-up with Primary Care Provider (PCP)<ol style="list-style-type: none">a. Weightb. Blood Pressure2. Clinical breast examination after age 40 (sooner if self-exam if difficult)3. Mammography beginning at age 40-50 (in addition to baseline mammogram done between 30-40 or 40-50).4. Digital rectal exam after age 405. Check for blood in your stool / feces after age 50 (To detect colon polyps that may become cancerous or colon cancers)6. Digital prostate exam and PSA after age 507. Flu shot (if pulmonary impairment)
Every 2-3 years	<ol style="list-style-type: none">1. Complete blood count with biochemistry study2. Cardiac risk assessment after age 403. Urologic assessment (if impairment)4. Assess equipment and posture5. Functional assessment—transfers, bed mobility and locomotion (via wheelchair or walking).6. Full skin evaluation
Every 5 years	<ol style="list-style-type: none">1. Lung capacity (if pulmonary impairment)2. Lipid panel—test for levels of cholesterol in your blood3. Eye evaluation after age 404. Screening sigmoidoscopy/colonoscopy after age 50 -- to visually detect colon polyps that may become cancerous or colon cancers5. Motor and sensory testing6. Review changes in life situation, including coping, adjustment, life satisfaction
Every 10 years	<ol style="list-style-type: none">1. Tetanus booster2. Pneumonia vaccination (if pulmonary impairment)

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